APPLICATION
For Coverage or Modification of Coverage
FRESH FRUIT PACKING GENERAL PERMIT

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

This application is for coverage under the Fresh Fruit Packing General Permit, which was reissued in July 2004, in accordance with provisions of Chapter 90.48 RCW and Chapter 173-226 WAC. Please follow these instructions when completing this application.

- All questions must be answered completely.
- This form must either be typed or printed in ink.
- Identify all chemical additives by manufacturer and brand name.
- If there is not enough room to completely answer a question additional sheets may be attached.
- Submit completed application to: Washington State Department of Ecology. Central Regional Office, Attn: Steven R. Huber, 15 West Yakima Avenue, Suite 200, Yakima, WA 98902
- For additional information, contact Steven Huber at (509) 454-7298 or shub461@ecy.wa.gov

CERTIFICATION STATEMENT AND SIGNATURE BLOCK

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.

Signature _____ Title _____

Name (printed or typed) _____ Date Signed _____

- Applications must be signed as follows: Corporations: by a principal executive officer of at least vice-president level; partnership: by a general partner; sole proprietorship: by the proprietor. If these titles do not apply within your organization, the application is to be signed by the person who makes budget decisions for this facility.

If you need this publication in an alternate format, please call the Water Quality Program at 360-407--6401. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

FOR OFFICE USE ONLY

Company name: _____	Date received: _____
Facility name: _____	Date accepted: _____
Permit number: _____	Accepted by: _____

SECTION A. GENERAL INFORMATION			
1. Company name:			
2. Facility name: (if different from company name)			
3. Current wastewater discharge permit number:			
4. Address	**Mailing Address**	**Facility Location Address**	
Street/PO Box:			
City/State/Zip:			
5. Facility location Latitude:	°	‘	“ N
Longitude:	°	‘	“ W
6. Facility contact (person responsible for wastewater management at this facility) Name:			
Title:			
Phone/Fax:			
7. Facility ownership information: Is this facility leased to or from another company or individual?	Yes ☐	No ☐	
If yes, compete the following information. (check one)	**Lease Status** Leased to: ☐	Leased from: ☐	
Name:			
Mailing Address:			
City/State/Zip:			
Contact Person:			
Phone Number:			
8. Will the company or individual listed above be responsible for permit compliance and fees?	Yes ☐	No ☐	
9. Consultants	Laboratory for wastewater analysis		
Name:			
Company:			
Phone number:			
	Cooling system consultant		
Name:			
Company:			
Phone number:			
	Other consultant or engineer		
Name:			
Company:			
Phone number:			

SECTION B. IDENTIFICATION OF WASTEWATER DISCHARGES

List all of the wastewater discharges at this facility. A discharge is defined as the point in a waste stream after any pretreatment devices (*i.e.* screens, lined sedimentation basins, etc.), and just prior to discharge to a Treatment/Disposal Method (TDM), where a representative sample can be taken. Discharges from the same source having substantially different characteristics should be treated as separate discharges. For example, packing apples and pears on the same line would be considered two separate discharges, because the use of a pear float enhancer would result in substantially different wastewater characteristics from the apple packing waste water.

For each discharge identify:

- Wastewater source, *i.e.,* drencher, pear float tank, apple packing line, non-contact cooling water
- Treatment/Disposal Method (TDM) used, *i.e.,* lined evaporative lagoon, dust abatement, land application, Publicly-Owned Treatment Works (POTW), percolation system, surface water
- With or without chemical additives, *i.e.,* pear float enhancer (specify which one)

Use the ID Number to identify wastewater flows in other sections of this application.

Wastewater discharge ID number:	Descriptions of wastewater discharges		
	Wastewater source	Chemical additives	TDM
001			
002			
003			
004			
005			
006			
007			
008			
009			
010			
011			
012			

SECTION C. WASTEWATER SOURCES

Check "yes" for all operations generating a wastewater discharge. Complete a separate line in the table for the appropriate wastewater source for each wastewater discharge identified in Section B. Discharge volume is defined as:

- **Maximum gallons per day = Maximum gallons discharged in a 24-hour period**
- **Total gallons per year = Total gallons discharged in a 12-month period.**

1. Drenching

Will drenching be done at this facility? If yes, complete one line in the following table for each drencher or combination of drencher chemicals as identified in Section B. Yes ☐ No ☐

ID No.	Drencher type (truck or bin)	Discharge volume Maximum Gal/day	Discharge volume Total Gal/year	For each drencher chemical additive, identify: ▪ Manufacturer's name: ▪ Brand name: ▪ Maximum use concentration:

2. Pre-sizing

Will pre-sizing be done at this facility? If yes, complete one line in the following table for each pre-size line discharge as identified in Section B. Yes ☐ No ☐

ID No.	Discharge volume Maximum Gal/day	Discharge volume Total Gal/year	For each drencher chemical additive, identify: ▪ Manufacturer's name: ▪ Brand name: ▪ Maximum use concentration:

3. Packing

Will packing be done at this facility? If yes, complete one line in the following table for each packing line discharge as identified in Section B. Yes ☐ No ☐

ID No.	Source Description and Fruit packed *	Discharge volume Maximum Gal/day	Discharge volume Total Gal/year	For each drencher chemical additive, identify: ▪ Manufacturer's name: ▪ Brand name: ▪ Maximum use concentration:

*Examples: pear float tank, apple rinse only, apple float + rinse, apple float tank only, etc.

4. Storing

Will storing (CA or regular) be done at this facility? If yes, complete one line in the following table for each discharge of non-contact cooling water (nccw) identified in Section B. Yes ☐ No ☐

ID No.	Storage type (regular or CA)	Discharge volume Maximum Gal/day	Discharge volume Total Gal/year	For each drencher chemical additive, identify: ▪ Manufacturer's name: ▪ Brand name: ▪ Maximum use concentration:

5. Hydrocooling

Will hydro-cooling be done at this facility? If yes, complete one line in the following table for each hydro-cooler discharge identified in Section B.

Yes ☐ No ☐

ID No.	Fruit being cooled or packed	Discharge volume Maximum Gal/day	Discharge volume Total Gal/year	For each drencher chemical additive, identify: ▪ Manufacturer's name: ▪ Brand name: ▪ Maximum use concentration:

6. Other wastewater discharges

Are any other wastewater discharges not already specified being generated at this facility? If yes, complete a separate line for each additional discharge identified in Section B.

Yes ☐ No ☐

ID No.	Wastewater source	Discharge volume Maximum Gal/day	Discharge volume Total Gal/year	For each drencher chemical additive, identify: ▪ Manufacturer's name: ▪ Brand name: ▪ Maximum use concentration:

SECTION D. TREATMENT – DISPOSAL METHODS (TDMs)

Indicate all Treatment/Disposal Methods (TDMs) to which wastewater will be discharged at this facility. For each TDM to which there will be a discharge complete the additional information. Identify each discharge to that TDM by the unique Wastewater Discharge ID Number that was previously assigned to that discharge in Section B (Page 3).

1. Lined evaporative lagoons

An imperviously lined, engineered structure that relies entirely upon evaporation for water removal. This may be a lined evaporative lagoon or a pre-manufactured, aboveground fiberglass or metal tank. The lagoon liner must be a geomembrane liner that meets or exceeds the specifications of 30 mil HDPE geomembrane liner. For the purposes of this permit, clay liners are not acceptable.

Will lined evaporative lagoon(s) be used at this facility? Yes ☐ No ☐
If yes, complete a column in the table below for each lagoon.

	Lagoon 1	Lagoon 2	Lagoon 3
ID numbers from Section B. of all the wastewater discharges to this lagoon			
Lagoon dimensions (feet) Length:			
Width:			
Available Depth: *			
Usable Volume: **			
Type of liner *(i.e.,* HDPE)*:*			
Liner Thickness (mil):			
Date of last liner inspection for leaks:			
Description of the results of last liner inspection: *(Include any actions taken to correct any problems found. Attach additional sheets, if necessary.)*			

* Available depth = Total lagoon depth - 2 feet of freeboard
** Usable volume (cubic feet) = length (feet) x width (feet) x available depth (feet)

2. Dust abatement

Dust abatement is the application of wastewater to unpaved bin storage lots and unpaved roads for the purpose of dust suppression. This TDM is intended primarily for the discharge of drencher wastewater and pear float tank wastewater containing either ligninsulfonate or sodium silicate. Float tank and rinse water that does not contain sodium sulfate may also be discharged to the dust abatement TDM with certain application rate restrictions.

A. Will there be any discharges to the Dust Abatement TDM at this facility? Yes ☐ No ☐

If yes, complete one column in the table below for each separate dust abatement **site type** and **site location**.

Site type refers to different types of application sites such as unpaved bin storage lots or unpaved orchard roads.

Site location refers to application sites at separate locations.

	Site 1	Site 2	Site 3
ID numbers from Section B. of all the wastewater discharges to this site:			
Site type: *(i.e., bin storage lots, unpaved roads, etc.)*			
Site location: *(Briefly describe where the site is located.)*			
Depth to groundwater: (feet)			
Surface area of application site: (acres)			
Maximum application rate: (gallons/acre/day)			

B. Are all the dust abatement sites owned by the facility? Yes ☐ No ☐

If no, are there signed and certified contract(s) or agreement(s) which authorize the use of the non-facility-owned treatment/disposal site(s), and describe the specific wastewater(s) and specific treatment/disposal methods to be employed? Yes ☐ No ☐

3. Publicly-owned treatment works (POTW)

A. Will there be any discharges (other than sanitary) from this facility to a POTW? Yes ☐ No ☐

If yes, complete the following table and have the relevant certifications signed by the appropriate authorities.

Name of POTW:	
ID numbers from Section B. of all the wastewater discharges to the POTW:	

B. POTW certification:
If other than sanitary wastewater is discharged, or is intended to be discharged to a POTW, the following certification must be signed by the proper POTW authority.

I have reviewed this application, and, based upon that review I have determined that the POTW specified below has adequate hydraulic and treatment capacity to accept the flows from the facility as described in this application.

Name of POTW:	
Address:	
City/State/Zip:	
POTW authority: Name: (printed)	
Title:	
Signature:	
Date signed:	

C. Contributory collection system certification:
A contributory collection system is a system that provides no treatment, but only collects wastewater and discharges it into a separate wastewater system for treatment. An example is the Union Gap Collection System that discharges into the Yakima Regional Wastewater Treatment System. If other than sanitary wastewater is discharged, or is intended to be discharged to a non-treatment contributory collection system prior to discharge to a POTW, the following certification must be signed by the proper contributory collection system authority.

I have reviewed this application, and, based upon that review I have determined that the contributory collection system specified below has adequate hydraulic capacity to accept the flows from the facility as described in this application.

Name of contributory collection system:	
Address:	
City/State/Zip	
System authority: Name (printed):	
Title:	
Signature:	
Date signed:	

4. Land application

Land application uses an engineered system for applying wastewater to a vegetated land surface. The applied wastewater is treated by the chemical, biological, and physical processes as it flows through the plant-soil matrix. The system consists of the land application site, a distribution system, such as sprinklers, for evenly distributing the waste water, and a lined lagoon (or other Ecology-approved, self-contained storage system) for storing wastewater during periods when it cannot be land applied.

A. Will there be any discharges to land application at this facility? Yes ☐ No ☐

If yes, complete one column for each separate **site type** and **site location**.

Site type refers to different types of application sites, such as irrigated cropland, irrigated orchard land, or un-irrigated non-crop land.

Site location refers to application sites at separate locations.

	Site 1	Site 2	Site 3
ID numbers from Section B. of all the wastewater discharges to this site:			
Site type: *(i.e., un-irrigated non-crop land, irrigated crop land, etc)*			
Site location: *(Give a brief description of where the site is located.)*			
Depth to groundwater: (feet)			
Surface area of application site: (acres)			
Maximum application rate: (gallons/acre/day)			

B. Are all the land application sites owned by the facility? Yes ☐ No ☐

If no, are there signed and certified contract(s) or agreement(s) which authorize the use of the non-facility-owned treatment/disposal site(s), and which describe the specific waste water(s) and specific treatment/disposal methods to be employed? Yes ☐ No ☐

5. Percolation system

A percolation system is an engineered system for treatment of wastewater as it percolates through the soil matrix. The system is designed to account for hydraulic and nutrient loading rates, wet and dry cycles to maintain aerobic conditions, even wastewater distribution, and other relevant design parameters.

A. Will there be any wastewater discharges to percolation systems at this facility? Yes ☐ No ☐

If yes, complete one column in the table below for each separate percolation site.

		Site 1	Site 2	Site 3
ID numbers from Section B of all the wastewater discharges to this site:				
Depth to groundwater: (feet)				
Surface area of application site: (acres)				
Maximum application rate: (gallons/acre/day)				
Wet/dry	Number of application days:			
cycle*	Number of percolation days:			
	Number of drying days:			

*The wet/dry cycle = a function of the soil type, percolation rates, climate, and dosing cycles.

Application days = number of days per cycle that waste water is discharged to the system.

Percolation days = number of days per cycle that it takes the applied waste water to completely percolate into the ground.

Drying days = number of days the site stays dry before the next wastewater application.

B. Are all the percolation system sites owned by the facility? Yes ☐ No ☐

If no, are there signed and certified contract(s) or agreement(s) which authorize the use of the non-facility-owned treatment/disposal site(s), and which describe the specific waste water(s) and specific treatment/disposal methods to be employed? Yes ☐ No ☐

6. Surface Waters

Surface waters include lakes, rivers, ponds, streams, inland waters, wetlands, irrigation canals, return drains, storm water and drainage ditches, and all other surface waters and watercourses within the jurisdiction of the state of Washington.

A. Will there be any wastewater discharges to surface waters at this facility? Yes ☐ No ☐

If yes, complete one column in the table below for each discharge outfall.

	Outfall 1	Outfall 2	Outfall 3
ID numbers from Section B. of all the wastewater discharges to this site:			
Name of receiving water body:			
Maximum discharge rate: (gallons/day)			
Location of discharge: Latitude:	° ' "N	° ' "N	° ' "N
Longitude:	° ' "W	° ' "W	° ' " W
Description of outfall: *(i.e., submerged 6" pipe to river, open ditch to river, etc.)*			

B. Are any of the discharges to a collection system (*i.e.,* municipal stormwater system, irrigation return canal stormwater ditch, etc.) to a river or a stream? Yes ☐ No ☐

If yes, complete one column in the table below for each such discharge.

	Outfall 1	Outfall 2	Outfall 3
Name of collection system:			
Owner of collection system: *(i.e., city, county, irrigation district, etc.)*			
Description of collection system: *(i.e., open stormwater ditch, closed pipe stormwater collection system, open irrigation return ditch, etc.)*			
Approximate distance waste water travels in collection system:			

If yes, are there signed and certified contract(s) or agreement(s) which authorize the use of the collection system for wastewater discharge? Yes ☐ No ☐

7. Drainfields

Will there be any wastewater discharges to sub-surface drainfields at this facility? Yes ☐ No ☐

If yes, complete one column in the table below for each discharge.

	Site 1	Site 2
ID numbers from Section B. of all the wastewater discharges to this site:		
Description of drainfield: *(include information on pretreatment, system capacity, location, etc.)*		
Maximum discharge rate: (gallons/day)		

8. Other discharge sites not previously specified

Will there be any wastewater discharges to TDMs or sites not previously specified? Yes ☐ No ☐

If yes, complete the information below for each discharge type or site.

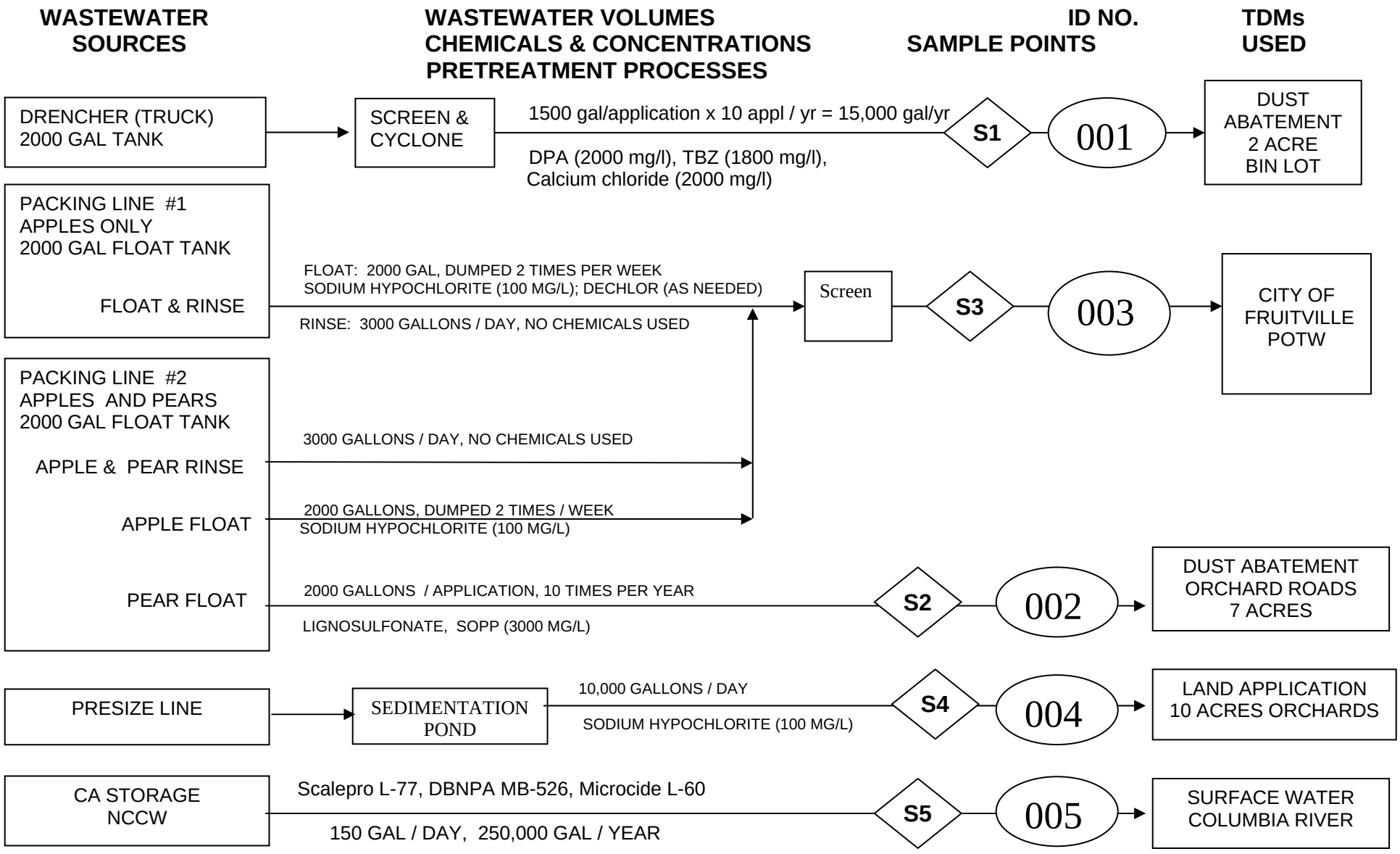
	Site or type 1	Site or type 2
ID numbers from Section B. of all the wastewater discharges to this site:		
Description of TDM or site: *(include information on treatment type, capacity, location, etc.)*		
Maximum discharge rate: (gallons/day)		

SECTION E. SUMMARY FACILITY SKETCHES

Attach a line drawing summarizing all the wastewater flows in this facility. The next page is an example of a line drawing for a hypothetical facility. For each discharge identified in Section B include the following information, which is already in Sections B, C, and D of this application:

- ID number
- Wastewater source
- Wastewater volumes
- Chemical additives (brand name and maximum use concentration)
- Pretreatment processes (screens, cyclones, settling sumps, sedimentation ponds, etc.)
- Treatment/disposal methods (TDMs) used
- Location of wastewater samples. Identify with this symbol: 

EXAMPLE OF LINE DRAWING FOR A HYPOTHETICAL FACILITY



SECTION F. ADDITIONAL INFORMATION

1. Environmental Compliance Plan

Has an Environmental Compliance Plan (ECP) containing the following four sections been completed for this facility? Yes ☐ No ☐

- Treatment/Disposal Methods Operations Plan
- Solid Waste Management Plan
- Spill Prevention Plan
- Stormwater Pollution Prevention Plan

If yes, indicate the date when it was last reviewed and updated. _____

If no, indicate the date when the facility ECP will be completed. _____

2. Production

Give approximate annual production numbers.

	Annual maximum	Annual average (last 3 years)
Number of bins packed:		
Number of bins stored:		
Number of bins drenched:		

2. Use of other faculties to pack or store

Does this facility currently, or have definite plans to, rent storage space or packing facilities to or from any other company? Yes ☐ No ☐

If yes, complete the following table.

Rental status: (check one)	To ☐ or From ☐	To ☐ or From ☐	To ☐ or From ☐
Type of rental: (check all that apply)	Storage ☐ Packing ☐	Storage ☐ Packing ☐	Storage ☐ Packing ☐
Company name:			
Address:			
City/State/Zip:			
Phone number:			

3. Water consumption

Indicate water source(s): (check all that apply)	Private well ☐ Surface water ☐ Public system ☐ (specify)
Water Right Permit or Certification Number: (if applicable)	
Is water metered?	Yes ☐ No ☐
Indicate total water use: Average gallons/day:	
Maximum gallons/day:	

5. Recycling

Are any recycling or reclamation processes in use which will affect any of the wastewater discharges identified in Section B.? Yes ☐ No ☐

If yes, complete table below.

ID number:	Description of recycling or reclamation process:	Date implemented:

6. Pretreatment

Are any pretreatment processes used to improve wastewater quality prior to discharge? Yes ☐ No ☐

If yes, list the ID number assigned in Section B for all the wastewater discharges which discharge to the pretreatment process listed below.

ID number:	Pretreatment process:	ID number:	Pretreatment process:
	Air flotation		Septic tank
	Centrifuge		Solvent separation
	Chemical precipitation		Constructed wetland (lined)
	Chlorination		Rock/reed filter (lined)
	Cyclone		Stormwater diversion or storage
	Filtration		Other bio-treatment (specify)
	Flow equalization		
	Grease or oil separation		Other chemical treatment (specify)
	Grease trap		
	Grit removal		Other physical treatment (specify)
	Ion exchange		
	pH correction		Other (specify)
	Ozonation		
	Reverse osmosis		Other (specify)
	Screen		
	Sedimentation		

7. Sludge/solid waste handling

Will any sludge or other solid waste be generated at this facility? Yes ☐ No ☐
This includes culled fruit (non-juice), leaves, sludge from sedimentation basins or lined lagoons, or other solid waste.

If yes, describe how they will be disposed.

Source of sludge or solid waste	Description of how sludge or solid waste will be treated/disposed

8. Hauled discharges

A. Does this facility haul, or intend to haul, off-site any process wastes, sludge, or wastewater? Yes ☐ No ☐

B. Will the hauling be done by an outside contract hauler? Yes ☐ No ☐

If yes to either, complete the following.

	Hauled discharge 1	Hauled discharge 2
Who will do hauling:	Self ☐ or Contractor ☐	Self ☐ or Contractor ☐
Type of waste to be hauled:		
Destination of waste material:		
Contract hauler company name:		
Contract hauler owner's name:		
Company street address:		
City/State/Zip:		
Phone number:		

9. Dangerous wastes

Does this facility produce or store any wastes, either presently or in the future, on-site or off-site, that are designated as dangerous or extremely hazardous waste under the provisions of the Dangerous Waste Regulations, Chapter 173-303 WAC?

Yes ☐ No ☐

If yes, complete the following table.

Description of wastes	Permit number

10. Seasonal wastewater discharge variations

Are any of the wastewater discharges, identified in Section B., seasonably variable, *i.e.*, are there any months that the waste stream has reduced flow or zero discharge?

Yes ☐ No ☐

If yes, complete the following table by writing:

- "N" in each month that a particular waste stream is discharged at normal flows.
- "R" in any month discharge is substantially reduced (*i.e.*, less than half of normal flow).
- "0" in any month when there is zero discharge.

ID No.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

11. Stored materials

List any materials (*i.e.,* oils, solvents, paint, lubricants, cleaners, etc.) that are stored on-site in 55-gallon or larger containers. Material in smaller containers should be listed if they have the potential to cause groundwater or surface water contamination.

Material	Quantity stored	Material	Quantity stored